



Substance Abuse Services For Clayton County, Inc.  
600 Gunder Rd NE, Suite # 7  
Elkader IA 52043

563-245-1546  
[sascc@sas4cc.com](mailto:sascc@sas4cc.com)

## Client Information

### Notice of Privacy Practices

Substance Abuse Services for Clayton County, Inc. exists to help individuals and communities respond effectively to the problems associated with alcohol and other drug abuse in order to reduce their number and severity. Everyone who comes to Substance Abuse Services for Clayton County Inc. is unique and has concerns and situations that are different from those of other people. You are here because alcohol or other drugs has had some impact on your life. Our purpose is to help you more clearly understand the effects alcohol and/or other drug use may have had on your life and how to avoid any further related trouble. In order to do that, we will be reviewing your substance use history and how it has affected various areas of your life. As a client, you have the right to be treated with respect and dignity always. This includes the prohibition of sexual harassment by all members of SASCC staff.

The charge for a legally required substance abuse evaluation is \$125.00. **At least \$65.00 must be paid prior to beginning the first appointment.** The total fee needs to be paid in full before any reports to the DOT, courts, attorneys, etc., can be filed and sent out. Substance Abuse Services for Clayton County, Inc. provide evaluations during their office hours of Monday through Friday 8:00 am – 4:00pm. Some extended hours may be available.

When you receive services from Substance Abuse Services for Clayton County, Inc. your confidentiality is protected by Federal law. Any information you communicate and any information in your record including any information that identifies you as a client will not be disclosed to anyone by Substance Abuse Services for Clayton County, Inc. unless you sign a release of information which specifies what information will be released and to whom and when it will be released and any violation is a reportable crime. That information cannot be re-released by the person who receives it without a further authorization by you. The following are special circumstances which are exceptions to your confidentiality and allow for information to be shared.

1. Client consents in writing as stated above.
2. Disclosure is allowed by court order after a hearing.
3. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
4. You commit or threaten to commit a crime at Substance Abuse Services for Clayton County, Inc.
5. Any incidents involving suspected child abuse or neglect or dependent adult abuse are required by law to be reported to appropriate state and local authorities.

*(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR Part 2 for Federal regulations.)*

Please note, SASCC is a drug-free workplace; therefore, possession of alcohol, tobacco and illegal drugs are strictly prohibited in the SASCC office. Possession of prescription drugs are allowed only as such prescriptions are required at the time of the appointment. Possession, use, sale or trade of any such substances are forbidden. If SASCC staff becomes aware of such substances, clients will be asked to remove them from the premises and law enforcement may be contacted.

# Your Information. Your Rights. Our Responsibilities.

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of your paper or electronic record** - You can ask to see or get an electronic or paper copy of your record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

**Ask us to correct your record**

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, and health care operations, and certain other disclosures (such as any you asked us to make).

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Jay Moser at 563-245-2530.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you, if you have signed a Release of Information.

#### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

#### Bill for your services

We can use and share your health information to bill and get payment from other entities, such as another agency (DHS, Voc. Rehab, etc.).

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Address law enforcement, and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official in the case of a threat
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date of Notice: Sept. 22, 2014*

**This Notice of Privacy Practices applies to all employees of Substance Abuse Services For Clayton County, Inc.** and to the designated Privacy Officer, Jay Moser (563-245-2530).

I have been given a copy of SASCC's Notice of Privacy Practices, which describes how my health information is used and shared. I understand that SASCC has the right to change this Notice at any time. I may obtain a current copy by contacting the Privacy Official, or by visiting the SASCC's website at [www.sas4cc.com](http://www.sas4cc.com).

**My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:**

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Witness: \_\_\_\_\_